

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101567314

FILING DATE

2-7-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			e			
12						
13						
14						
15						
16						
17						
18						
19						
20			1			
21			1			
22			1			
23			1			
24			e			
25						
26			e			
27						
28			1			
29			e			
30			1			
31			1			
32			1			
33			1			
34						
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44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.	←	18	←		←	
TOTAL CLAIMS		20				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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95						
96						
97						
98						
99						
100						
TOTAL IND.					↓	
TOTAL DEP.	←				←	
TOTAL CLAIMS					←	←